

## 2020 HEDIS® AT-A-GLANCE:

# KEY ADULT MEASURES

WellCare values everything you do to deliver quality healthcare for our members – your patients. This easy-to-use HEDIS® At-A-Glance Guide gives you the tools to meet, document and code HEDIS Measures. Together, we can improve our quality scores and Star Ratings by ensuring optimum care and service to our members. Please contact your WellCare representative if you need more information or have any questions. Quality care is a team effort. Thank you for playing a starring role!

\*Measurement year 2019

	HEDIS Measure	HEDIS Tips	Sample Codes Used
VISITS	<p><b>Adult Access to Preventive/Ambulatory Health Services (AAP)</b> Members who had an ambulatory or preventive care visit during the measurement year.</p> <p><b>Medicare Advantage</b></p> <ul style="list-style-type: none"> <li>One-time Welcome to Medicare Visit</li> <li>One Annual Wellness Visit</li> </ul> <p>Ages: 20 years and older <i>Performed: Measurement year*</i></p>	<p>Medicaid and Medicare: One or more ambulatory or preventive care visits during the measurement year.</p>	<p>ICD-10-Dx: General Medical Exam: Z00.00, Z00.01</p> <p>CPT Codes: 18–39 Years Old: 99385, 99395 40–64 Years Old: 99386, 99396 65+ Years: 99387, 99397 Online Assessments: 98969, 99444 Telehealth Modifier: 95, GT Telephone Visits: 98966-98968, 99441-99443</p> <p><b>Medicare Advantage</b> HCPCS: Welcome to Medicare Visit: G0402 Annual Wellness: G0438, G0439</p>
	<p>★ <b>Adult BMI Assessment (ABA)</b> Those who had an outpatient visit and had their Body Mass Index (BMI) documented during the measurement year or year prior.</p> <p><b>STAR Weight: 1</b> Ages: 18–74 years <i>Performed: Measurement year and prior year*</i></p>	<p>To be calculated and documented at every visit.</p> <ul style="list-style-type: none"> <li>For members ≥20, documentation must include weight and BMI value.</li> <li>For members younger than 20, documentation must include height, weight, and a BMI percentile. (BMI values are NOT acceptable.)</li> </ul> <p><b>EXCLUSION:</b> Females diagnosed as pregnant during the measurement year or year prior.</p>	<p><b>Members 20 years and older:</b> Use BMI Values diagnosis codes. ICD-10-Dx: Z68.1, Z68.20-Z68.39, Z68.41-Z68.45</p> <p><b>Members younger than 20:</b> Use BMI Percentile codes. ICD-10-DX: Z68.51-Z68.54</p>
ASSESSMENT & SCREENING	<p>★ <b>Breast Cancer Screening (BCS)</b> Women who had one or more mammograms to screen for breast cancer during the measurement year or the two years prior.</p> <p>Ages: 50–74 years (Women) <b>STAR Weight: 1</b> <i>Performed: Oct. 1 two years prior to the measurement year through Dec. 31 of the measurement year</i></p>	<p>Include documentation of mammogram or exclusions. This measure is to evaluate preventive screening. Do not count biopsies, breast ultrasounds or MRIs as they are not appropriate methods for primary breast cancer screening.</p> <p><b>EXCLUSIONS:</b> Women who had a bilateral mastectomy or two unilateral mastectomies 14 or more days apart.</p>	<p>CPT Codes: 77055-77057, 77061-77063, 77065-77067</p>

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HEDIS Measure	HEDIS Tips	Sample Codes Used
<p><b>Chlamydia Screening (CHL)</b> Women who were identified as sexually active and who had at least one chlamydia test in the measurement year.</p> <p>Report two age stratifications and a total rate:</p> <ul style="list-style-type: none"> <li>• 16–20 years (Women)</li> <li>• 21–24 years (Women)</li> <li>• Total (Women)</li> </ul> <p><i>Performed: Measurement year*</i></p>	<ul style="list-style-type: none"> <li>• May be either a urine analysis or vaginal swab from the same ThinPrep used for the Pap smear. Samples must be sent to the lab vendor for analysis</li> <li>• A note indicating the date the test was performed and the result or finding</li> </ul>	<p><b>CPT Codes:</b> 87110, 87270, 87320, 87490-87492, 87810</p>
<p><b>Cervical Cancer Screening (CCS)</b> Women who received one or more Pap tests to screen for cervical cancer in the current year or the 2 previous years:</p> <ul style="list-style-type: none"> <li>• <b>Ages:</b> 21–64 who had cervical cytology performed within the last 3 years</li> <li>• <b>Ages:</b> 30–64 who had cervical highrisk human papillomavirus (hrHPV) performed within the last 5 years</li> <li>• <b>Ages:</b> 30–64 who had cervical cytology/high-risk human papillomavirus (hrHPV) co-testing performed within the last 5 years</li> </ul> <p><i>Performed:</i> <i>PAP: Measurement year and 2 prior years*</i> <i>HPV: Measurement year and 4 prior years*</i></p>	<p>A note indicating the date the test was performed and the result or finding.</p> <ul style="list-style-type: none"> <li>• Labs that indicate the sample was inadequate or “no cervical cells were present” cannot be counted</li> <li>• Biopsies cannot be counted</li> </ul> <p><b>EXCLUSION:</b> Women who had a total hysterectomy with no residual cervix. Documentation of “hysterectomy” alone cannot be counted.</p>	<p><b>Cervical Cytology:</b> <b>CPT Codes:</b> 88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174, 88175 <b>HCPCS:</b> G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091 <b>HPV Tests:</b> 87620-87622, 87624, 87625 <b>HCPCS:</b> G0476</p>
<p><b>★ Colorectal Cancer Screening (COL)</b> Those members who received one or more of the following screenings:</p> <ul style="list-style-type: none"> <li>• Colonoscopy <ul style="list-style-type: none"> <li>• <i>Performed: Jan. 1–Dec. 31 of measurement year or 9 prior years</i></li> </ul> </li> <li>• Flexible Sigmoidoscopy <ul style="list-style-type: none"> <li>• <i>Performed: Jan 1–Dec. 31 of measurement year or 4 prior years</i></li> </ul> </li> <li>• CT Colonography <ul style="list-style-type: none"> <li>• <i>Performed: Jan. 1–Dec. 31 of measurement year or 4 prior years</i></li> </ul> </li> <li>• FIT-DNA/Cologuard: <ul style="list-style-type: none"> <li>• <i>Performed: Jan. 1–Dec. 31 of measurement year or 2 prior years</i></li> </ul> </li> <li>• Fecal Occult Blood Test (FOBT) or Fecal Immunochemical Test (FIT) <ul style="list-style-type: none"> <li>• <i>Performed: Jan. 1–Dec. 31</i></li> </ul> </li> </ul> <p><b>STAR Weight: 1</b> Ages: 50–75 years</p>	<p>A note indicating the date the test was performed. A result is not required if the documentation is clearly part of the medical history section of the record. If it is not clear, the result or finding must also be present.</p> <ul style="list-style-type: none"> <li>• Colonoscopy in current year or the 9 years prior, <b>or</b></li> <li>• Flexible sigmoidoscopy in current year or the 4 years prior, <b>or</b></li> <li>• CT Colonography in the current year or the 4 years prior, <b>or</b></li> <li>• FIT-DNA test (Cologuard) in current year and two years prior, <b>or</b></li> <li>• FOBT in current year</li> </ul> <p>Digital rectal exams do not count.</p> <p><b>EXCLUSIONS:</b> Those with diagnosis of colorectal cancer or total colectomy.</p>	<p><b>Colonoscopy:</b> 44388-44394, 44397, 44401-44408, 45355, 45378-45393, 45398 <b>HCPCS:</b> G0105, G0121</p> <p><b>Flexible Sigmoidoscopy:</b> 45330-45335, 45337-45342, 45345-45347, 45349, 45350 <b>HCPCS:</b> G0104</p> <p><b>CT Colonography:</b> 74261-74263 <b>FIT-DNA/Cologuard:</b> 81528 <b>HCPCS:</b> G0464</p> <p><b>FOBT:</b> 82270, 82274 <b>HCPCS:</b> G0328</p>

## HEDIS Measure

**Medication Management for People with Asthma (MMA)**

Those diagnosed with persistent asthma and were dispensed and remained on medications during the treatment period.

Ages: 5–64 years

*Performed: Jan. 1–Dec. 31 of measurement year\**

## HEDIS Tips

Two rates are reported:

- Those who remained on an asthma controller medication for at least **50% of their treatment period**
- Those who remained on an asthma controller medication for at least **75% of their treatment period**

For a complete list of medications and NDC codes, please visit [www.ncqa.org](http://www.ncqa.org).

## Sample Codes Used

**CPT Codes:** 99201-99205, 99211-99215, 99217-99220, 99221-99223, 99231-99233, 99238, 99239, 99241-99245, 99251-99255, 99281-99285, 99291, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99429, 99455, 99456, 99483

**ICD-10-Dx Codes:** J45.20-J45.22, J45.30-J45.32, J45.40-J45.42, J45.50-J45.52, J45.901, J45.902, J45.909, J45.990, J45.991, J45.998

**Online Assessments:** 98969, 99444

**Telehealth Modifier:** 95, GT

**Telehealth POS:** 02

**Telephone Visits:** 98966-98968, 99441-99443

**Appropriate Testing for Pharyngitis (CWP)**

Members diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test.

Ages: 3 years and older

*Performed: July 1 of year prior to measurement year through June 30 of measurement year\**

- Rapid Strep Test can be performed in office. If negative, a throat culture should be done and sent to lab for analysis.
- The group A Strep test should be in the 7-day period from the 3 days prior through 3 days after the episode date.

**CPT Codes:** 87070, 87071, 87081, 87430, 87650-87652, 87880

**ICD-10-Dx Codes:** J02.0, J02.8, J02.9, J03.00, J03.01, J03.80, J03.81, J03.90, J03.91

**Controlling High Blood Pressure (CBP)**

Those with a diagnosis of hypertension (HTN) and whose blood pressure (BP) was controlled.

**STAR Weight: N/A for 2020**

<140/<90 or Systolic <140 and Diastolic <90

Ages: 18–85 BP

*Performed: Jan. 1–Dec. 31 of measurement year\**

Members who had at least two visits on different dates of service with a **diagnosis of hypertension during the measurement year or the year prior to the measurement year** (count services that occur over both years). Visit type need not be the same for the two visits. Only one of the two visits may be a telephone visit, an online assessment or a telehealth visit.

Documentation:

- The **most recent BP reading during the measurement year** on or after the second diagnosis of hypertension. BP must be the last of the year. If multiple BP measurements occur on the same date, or are noted in the chart on the same date, lowest systolic and lowest diastolic BP reading. The systolic and diastolic results do not need to be from the same reading.
- If the BP reading is high at the beginning of the visit, retake it at the end of the visit and record the lowest systolic and diastolic reading.
- BP can be taken from remote monitor devices that are digitally stored and transmitted directly to provider.

**EXCLUSIONS:**

- Diagnosis of pregnancy in the measurement year
- Non-acute admission in the measurement year
- Evidence of ESRD, dialysis, nephrectomy or kidney transplant any time during the member's history through December 31 of the measurement year.

**CPT Codes:** 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99429, 99455, 99456

**CPT II:** 3074F, 3075F, 3077F, 3078F, 3079F, 3080F

**HCPCS:** G0402, G0438, G0439, G0463, T1015

**Remote BP Monitoring:** 93784, 93788, 93790, 99091

**Online Assessments:** 98969, 99444

**Telephone Visits:** 98966-98968, 99441-99443

HEDIS Measure	HEDIS Tips	Sample Codes Used
<p style="writing-mode: vertical-rl; transform: rotate(180deg);"><b>DIABETES</b></p> <p>★ <b>Comprehensive Diabetes Care (CDC)</b>            ★ HbA1c Controlled  <b>STAR Weight: 3</b>  <i>Performed: Jan. 1–Dec. 31 of measurement year*</i></p> <p>★ <b>Eye Exam (Retinal or Dilated) Performed</b>  <b>STAR Weight: 1</b>  <i>Performed: Jan. 1–Dec. 31 of measurement year or a negative exam in the prior year*</i></p> <p>★ <b>Kidney Disease Monitoring</b>  <b>STAR Weight: 1</b>  <i>Performed: Jan. 1–Dec. 31 of measurement year*</i></p> <p>Blood Pressure Controlled            Systolic &lt;140 and Diastolic &lt;90  <b>No Star Weight</b>  <i>Performed: Jan. 1–Dec. 31 of measurement year*</i></p> <p>Ages: 18–75 years</p>	<p>Blood and or urine samples should be sent to lab and/or vendor for analysis.</p> <ul style="list-style-type: none"> <li>• Notation of the <b>most recent</b> HbA1c screening (expanded to include glycohemoglobin, glycated hemoglobin, and glycosylated hemoglobin) and result performed in current year</li> <li>• A retinal or dilated eye exam by an optometrist or ophthalmologist in current year, or a negative retinal or dilated exam (negative for retinopathy) done by an optometrist or ophthalmologist in previous year. A bilateral eye enucleation anytime during members history through Dec 31 of the measurement year.</li> <li>• A nephropathy screening-urine test for protein/albumin/microalbumin with a date and result.</li> <li>• Prescribed ACE/ARB therapy.</li> <li>• Documentation of a renal transplant.</li> <li>• Notation of the <b>most recent</b> BP in the medical record. BP can be taken from remote monitoring devices that are digitally stored and transmitted directly to provider.</li> </ul> <p><b>EXCLUSIONS:</b> Member with a diagnosis of gestational or steroid-induced diabetes who do NOT have a diagnosis of diabetes in the measurement year or the year prior.</p>	<p><b>HbA1c</b>            CPT Codes: 83036, 83037            CPT II Codes: &lt;7%: 3044F;                              7%–9%: 3045F;                              &gt;9%: 3046F</p> <p>ICD-10-Dx: Use appropriate code family: E or O</p> <p><b>Eye Exam (Retinal) Performed</b>            Diabetic Retinal Screening Negative-CPT II: 3072F</p> <p>Diabetic Retinal Screening With Eye Care Professional-CPT II Codes: 2022F, 2024F, 2026F</p> <p><b>Kidney Disease Monitoring</b>            ICD-10-Dx: Use appropriate code family: E, I, N, Q, R            CPT Codes: 81000-81003, 81005, 82042-82044, 84156            CPT II Codes: 3060F, 3061F, 3062F, 3066F, 4010F</p> <p><b>Control of Blood Pressure</b>            Systolic: &lt;140: 3074F;                              130–139: 3075F;                              ≥140: 3077F            Diastolic: &lt;80: 3078F;                              80–89: 3079F;                              ≥90: 3080F</p> <p><b>Remote BP Monitoring:</b> 93784, 93788, 93790, 99091</p> <p><b>Online Assessments:</b> 98969, 99444</p> <p><b>Telehealth POS:</b> 02</p> <p><b>Telephone Visits:</b> 98966-98968, 99441-99443</p>
<p style="writing-mode: vertical-rl; transform: rotate(180deg);"><b>MEDICATIONS</b></p> <p>★ <b>Medication Reconciliation Post Discharge (MRP)</b>  <b>STAR Weight: 1</b>            Percentage of discharges from Jan. 1 to Dec. 1 of the measurement year for whom medications were reconciled ≤30 days of discharge by PCP, PA, NP, Clinical Pharmacist or RN.            Ages: 18 years and older  <i>Performed: Jan. 1–Dec. 1 of measurement year*</i></p>	<p>Documentation of a current Medication List AND any of the following on or within 30 days of discharge:</p> <ul style="list-style-type: none"> <li>• Documentation of the current medications with evidence the member was seen for post-discharge hospital follow up with evidence of medication reconciliation or review.</li> <li>• Discharge and current medications were reviewed and reconciled</li> <li>• Current medications were reviewed with reference to discharge medication status (e.g., no changes)</li> <li>• No medication changes or additions were prescribed upon discharge</li> </ul>	<p>CPT Codes: 99483, 99495, 99496            CPT II Code: 1111F, 99483</p>

## HEDIS Measure

### Prenatal and Postpartum Care (PPC)

The percentage of deliveries of live births between Oct. 8 of the year prior to the measurement year and Oct. 7 of the measurement year. For these women, the measure assesses the following facets of prenatal and postpartum care.

- **Timeliness of Prenatal Care:** The percentage of deliveries that received a prenatal care visit as a member of the organization in the first trimester, on or before the enrollment start date or within 42 days of enrollment in the organization. Prenatal care visit includes a visit to an OB/GYN or other prenatal care practitioner or PCP. For visits to a PCP, a diagnosis of pregnancy must be present.
- **Postpartum Care:** Postpartum visit includes a visit to an OB/GYN practitioner or midwife, family practitioner or other PCP on or between 7 and 84 days after delivery.

*Performed: Measurement year and prior year\**

## HEDIS Tips

### Prenatal Care:

Documentation in the medical record must include a note indicating the date when the prenatal care visit occurred, and evidence of one of the following:

- A basic physical OB exam with any of the following: fetal heart tone auscultation, pelvic exam with obstetric observations, fundal height measurement. Use of standardized prenatal flow sheet is acceptable.
- Evidence that a prenatal care procedure was performed, such as:
  - Obstetric panel screening test
  - TORCH antibody panel alone, or
  - A rubella antibody test/titer with an Rh incompatibility (ABO/Rh) blood typing, or
  - Ultrasound of a pregnant uterus.
- Documentation of LMP, EDD or gestational age in conjunction with either of the following.
  - Prenatal risk assessment and counseling/education.
  - Complete obstetrical history.

A PAP test does not meet criteria for prenatal care.

### Postpartum Care:

Documentation must include a note indicating the date when a postpartum visit occurred and one of the following.

- Pelvic exam.
- Evaluation of weight, BP, breasts and abdomen.
  - Notation of “breastfeeding” is acceptable for the “evaluation of breasts” component.
- Notation of postpartum care, including, but not limited to:
  - Notation of “postpartum care,” “PP care,” “PP check,” “6-week check.”
  - A preprinted “Postpartum Care” form in which information was documented during the visit.
- Perineal or cesarean incision/wound check
- Screening for depression, anxiety, tobacco use, substance use disorder or preexisting mental health disorders
- Glucose screening for women with gestational diabetes
- Documentation of any of the following topics:
  - Infant care or breastfeeding
  - Resumption of intercourse, birth spacing or family planning
  - Sleep/fatigue
  - Resumption of physical activity and attainment of healthy weight

A PAP test ALONE is acceptable documentation for the postpartum visit, if it is in conjunction with a visit in the acceptable time frame with an appropriate provider type as it provides evidence of a pelvic exam.

## Sample Codes Used

### Prenatal Care

**ICD-10 Dx:** Use appropriate code family: O  
Z03.71-Z03.75, Z03.79, Z34.00-Z34.03, Z34.80-Z34.83, Z34.90-Z34.93, Z36, Z36.0-Z36.5, Z36.81-Z36.89, Z36.8A, Z36.9

### CPT Codes:

**E/M:** 99201-99205, 99211-99215, 99241-99245, 99500

**Prenatal Bundled Codes:** 59400, 59425, 59426, 59510, 59610, 59618

### Postpartum Care

**ICD-10 Dx:** Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2

**Postpartum Bundled:** 59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622

### CPT Codes:

**E/M:** 57170, 58300, 59430, 99501

**Cervical Cytology:** 88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174, 88175

### CPT II Code:

**E/M:** 0503F

**IMMUNIZATIONS**

HEDIS Measure	HEDIS Tips	Sample Codes Used
<p><b>Adult Immunization (AIS)</b>            Those members who are up to date on the following routine vaccines:  <u>Influenza:</u> at least one            Age: 19 years and older  <i>Performed: on or between July 1 of the year prior to the measurement period and June 30 of the measurement period.</i></p> <p><u>Td or Tdap:</u>            Age: 19 years and older  <i>Performed: Jan. 1–Dec. 31 of measurement year. At least one vaccine between 9 year prior and the end of the measurement period.</i></p> <p><u>Zoster:</u>            Age: 50 years and older  <i>Performed: Anytime on or after the member's 50<sup>th</sup> birthday. At least one dose of the herpes zoster live vaccine or two doses of the herpes zoster recombinant vaccine.</i></p> <p><u>Pneumococcal:</u>            Age: 66 years and older  <i>Members administered both the 13-valent pneumococcal conjugate vaccine and the 23-valent pneumococcal polysaccharide vaccine at least 12 months apart, with the first occurrence after the age of 60.</i></p>	<ul style="list-style-type: none"> <li>• A note indicating the specific antigen name and the immunization date, or an immunization certificate prepared by a healthcare provider that has the dates of administration.</li> <li>• Document history of specific disease, anaphylactic reactions, or contraindications for a specific vaccine.</li> </ul>	<p><b>Adult Influenza Vaccine CPT:</b> 90630, 90653, 90654, 90656, 90658, 90660, 90661, 90672, 90673, 90674, 90682, 90686, 90688, 90689, 90756            CVX: 88, 111, 140, 141, 144, 149, 150, 153, 155, 158, 166, 168, 171, 185, 186</p> <p><b>Herpes Zoster CPT:</b> 90736, 90750            CVX: 121, 187</p> <p><b>Pneumococcal Conjugate CPT:</b> 90670, 90732            CVX: 33, 133</p> <p><b>Td CPT:</b> 90714, 90718            CVX: 09, 113, 115, 138, 139</p> <p><b>Tdap CPT:</b> 90715 CVX 115</p>
<p><b>Prenatal Immunization (PRS)</b>            Females that have delivered in measurement year who received influenza and tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccines.  <i>Influenza: Performed: on or between July 1 of the year prior to the measurement period and delivery date.</i>  <i>One Tdap vaccine during the pregnancy including delivery date: Performed: Jan. 1–Dec. 31 of measurement year*</i></p>	<ul style="list-style-type: none"> <li>• A note indicating the specific antigen name and the immunization date, or an immunization certificate prepared by a healthcare provider that has the dates of administration.</li> <li>• Document history of specific disease, anaphylactic reactions, or contraindications for a specific vaccine.</li> </ul>	<p><b>Adult Influenza Vaccine CPT:</b> 90630, 90653, 90654, 90656, 90658, 90661, 90673, 90674, 90682, 90686, 90688, 90689, 90756            CVX: 88, 140, 141, 144, 150, 153, 155, 158, 166, 171, 185, 186</p> <p><b>Tdap CPT:</b> 90715            CVX: 115</p>

★ Indicates STAR Measure. This document is an informational resource designed to assist licensed healthcare practitioners in caring for their patients. Healthcare practitioners should use their professional judgment in using the information provided. HEDIS measures are not a substitute for the care provided by licensed healthcare practitioners and patients are urged to consult with their healthcare practitioner for appropriate treatment.

